

# Purchase Voucher



Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01217365

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

PayeeID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP  
PO BOX 2050  
ROUND ROCK,TX 786802050

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$39,160.79

Discount Amt Taken: \$0.00

Payment Amount: \$39,160.79

FOLD HERE

| Line      | PO ID               | PCC         | RTI       | Invoice ID            | Invoice Description  | AMOUNT      |            |           |             |
|-----------|---------------------|-------------|-----------|-----------------------|--|-------------|------------|-----------|-------------|
| 1         | 0000096282          | 0           |           | 529-16-0132-00006 MAR | 529-16-0132-00006 MAR (Contract<br>529-16-0132-00006 Te)   | \$39,160.79 |            |           |             |
| ShipTo ID | Non-HHSAS Cntrct ID |             |           |                       | Invoice DT: 05/09/17 Req'd Pay DT: 05/15/17<br>Inv Rec'd DT: 05/09/17 Pay Due DT: 06/08/17<br>Service DT: 03/31/17 P O DT: |             |            |           |             |
| 1326      | Contract #          | Wkfc        | Org PmtDt | IC RC                 |  |             |            |           |             |
|           | 529-16-0132-00006   | N           |           |                       |  |             |            |           |             |
| 1.1       | Account             | Entry Event | Fund      | Dept.                 | Program  | Class       | Budget Ref | Prj/Grant | Amount      |
|           | 762300              |             | 0001      | MHTWG                 | 1011P  | 03150       | 2017       | GR        | \$39,160.79 |
|           | Open Item Key:      |             |           |                       |  |             |            |           |             |
|           | Certified Amt: 0.00 |             |           |                       |  |             |            |           |             |

Descriptive Legal Text (DLT Comments):

DOS: 032017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

MAY 10 2017

05/10/2017

|              |                             |               |                               |
|--------------|-----------------------------|---------------|-------------------------------|
| Approved By  | Approver Phone(Area+Number) | Date Approved | Date Entered into HHSAS       |
|              |                             |               | Gonzalez,Maria Gina (ONL UID) |
| Approved By  | Approver Phone(Area+Number) | Date Approved | Entered By                    |
| Contact Name | Contact Phone(Area+Number)  |               |                               |

**PURCHASE VOUCHER**

(Shaded areas not used by Agency 529)

Page 1 of 1

|  |                   |  |                                    |                           |                                 |  |                            |            |
|--|-------------------|--|------------------------------------|---------------------------|---------------------------------|--|----------------------------|------------|
| 1. Agency code/agency number   | 2. Agency number  | 3. Agency name   | Health & Human Services Commission |                           |                                 |  | 4. Current document number |            |
|  | 529               |  | RECEIVED                           | 14. EDT                   | 15. POC                         | 16. Doc agency                               | 529                        |            |
| 9. Texas identification number   |                   |  |                                    | 12. Purchase Order number |                                 | 13. Document amount                          |                            |            |
| 17427579192000   |                   |  |                                    | 0000096282                |                                 | \$39,160.79                                  |                            |            |
| 14. Payee name / address<br>The Heidi Group<br>PO Box 2050<br>Round Rock, TX 78680-2050  |                   |  |                                    |                           |                                 | 17. AGENCY USE                               |                            |            |
| MAY 09 2017<br>HHSC ACCOUNTING   |                   |  |                                    |                           |                                 |  |                            |            |
| 18<br>SFX<br>001   | BU:001            | 10   | 11                                 | FY                        | COBJ                            | 7623   | Amount                     |            |
|  | DeptID/Speedchart | Invoice date   |                                    |                           | Invoice number / Account Number |  | Invoice Received Date      |            |
|  | MHTWG             |  |                                    |                           | Requested Payment Date          |  | Interest Control           |            |
|  |                   |  |                                    |                           | 3 days                          |  | Reason Code                |            |
| 18<br>SFX<br>001   | BU:001            | 10   | 11                                 | FY                        | COBJ                            | 7623   | Amount                     |            |
|  | DeptID/Speedchart | Invoice date   |                                    |                           | Invoice number / Account Number |  | Invoice Received Date      |            |
|  |                   |  |                                    |                           | Requested Payment Date          |  | Interest Control           |            |
|  |                   |  |                                    |                           |                                 |  | Reason Code                |            |
| 18<br>SFX<br>001   | BU:001            | 10   | 11                                 | FY                        | COBJ                            | 7623   | Amount                     |            |
|  | DeptID/Speedchart | Invoice date   |                                    |                           | Invoice number / Account Number |  | Invoice Received Date      |            |
|  |                   |  |                                    |                           | Requested Payment Date          |  | Interest Control           |            |
|  |                   |  |                                    |                           |                                 |  | Reason Code                |            |
| 19. SERVICE / DEL DATE   |                   | 20. DESCRIPTION OF GOODS OR SERVICES   |                                    |                           |                                 | 21. QUANTITY                                 | 22. UNIT PRICE             | 23. AMOUNT |
| 03/31/17   |                   | Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group<br><br>Program: Healthy Texas Women<br>Contract Term: July 15, 2016 thru August 31, 2017<br>HHSC Doc # 529-16-0132-00006<br>Type of Entity:non profit corporation |                                    |                           |                                 |  |                            | 39,160.79  |
| 24. VENDOR CERTIFICATION   |                   |  |                                    |                           |                                 | Phone (Area code and number)                 | 25. Entered by             |            |
| Vendor Contact Name<br>Carol Everett   |                   |  |                                    |                           |                                 | Phone (Area code and number)<br>512-255-2088 |                            |            |
| 26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The Invoices for the goods and services are correct. This payment complies with the General Appropriations Act. |                   |  |                                    |                           |                                 |  |                            |            |
| Agency contact/preparer<br><b>SIGN HERE</b>  |                   |  | Printed Name                       |                           |                                 | Phone (Area code and number)                 | Date                       |            |
| Agency Approver<br><b>SIGN HERE</b>  |                   |  | Kim Relph                          |                           |                                 | 512-776-6443                                 | 5/9/2017                   |            |

21  
Ev 5/10/17

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

| Payment Terms | Freight Terms  | Ship Via | Purchase Order | 52900-7-0000096282  |      |
|---------------|--|----------|----------------|---|------|
| Net 30        | FOB Dest. Prepaid & All BEST WAY   |          | Date           | Revision  | Page |
|               | If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. |          | 09/01/2016     | 2 - 03/27/2017  | 1    |
|               | All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  |          | Ship To:       | Contract Oversight & Support<br>HEALTH & HUMAN SERVICES COMMISSION<br>1100 W 49th St<br>PO Box 149347<br>Ste M550<br>Austin TX 78756<br>United States |      |

Vendor: 1742757919  
 THE HEIDI GROUP  
 PO BOX 2050  
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

| Line-Sch | Inventory Item ID - Line Description | Class-Item | Purchaser:   | Marshall,Carol Beth (PCS) | 512-406-2476          |
|----------|--------------------------------------|------------|--------------|---------------------------|-----------------------|
|          |                                      |            | Quantity UOM | PO Price                  | Extended Amt Due Date |

Terms and Conditions are attached.

HHSAS Contract # 529-16-0102-00006  
 Purchase Order Term: 7/15/2016 -8/31/2017  
 FY16 Term: 07/15/2016-8/31/2016 NTE \$549,800.00 Req. 73  
 FY17 Term 9/1/16 - 8/31/17 NTE \$1,099,731.00

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, §391.205 (b) (5) Enrollment contract

Confirmation order DO NOT DUPLICATE

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Agency Contact: Camille Laosebikan  
 Phone: 512-776-3561  
 Email: Camille.laosebikan@hhsc.state.tx.us

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HHS-PCS Purchasing Contact: Carol Marshall, CTPM  
 Phone: 512-406-2476  
 Email: carol.marshall2@hhsc.state.tx.us

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PCC EX/0

|              |  |                       |  |
|--------------|--|-----------------------|--|
| 1- 1         | Contract 529-16-0132-00006 Term<br>7/15/16 thru 8/31/17 Budget<br>Year 2017  | 952-58                | 1.00 LOT 1,099,731.00000 1,099,731.00 09/22/2016 |
|              |  |                       | Schedule Total <u>1,099,731.00</u>               |
| Contract ID: | 529-16-0132-00006  | Contract Line: 0      | Release: 2                                       |
|              |  | Item Total for Line 1 | <u>1,099,731.00</u>                              |
| 2- 1         | FY17 contract #529-16-0132-00006<br>with Heidi Group to provide<br>Healthy Texas Women program<br>services in HDIS. Term 7/15/16 to<br>8/31/17. Adding FY17 funding to<br>existing PO#0000096282. Not a<br>contract increase due to POA to<br>decrease FY16 funding. | 952-59                | 1.00 LOT 516,220.82000 516,220.82 03/27/2017     |
|              |  |                       | Schedule Total <u>516,220.82</u>                 |
|              |  | Item Total for Line 2 | <u>516,220.82</u>                                |

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

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|---------------|--|----------|----------------|---|------|
| Net 30        | FOB Dest. Prepaid & All BEST WAY   |          | Date           | Revision  | Page |
|               | If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. |          | 09/01/2016     | 2 - 03/27/2017  | 2    |
|               | All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  |          | Ship To:       | Contract Oversight & Support<br>HEALTH & HUMAN SERVICES COMMISSION<br>1100 W 49th St<br>PO Box 149347<br>Ste M550<br>Austin TX 78756<br>United States |      |

Vendor: 1742757919  
 THE HEIDI GROUP  
 PO BOX 2050  
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission  
 Mail Code: 3500  
 4900 N. Lamar Blvd, 5th Floor  
 Austin TX 78751  
 United States

Purchaser: Marshall,Carol Beth (PCS) 512-406-2476

| Line-Sch | Inventory Item ID - Line Description | Class-Item | Quantity UOM | PO Price | Extended Amt | Due Date |
|----------|--------------------------------------|------------|--------------|----------|--------------|----------|
|----------|--------------------------------------|------------|--------------|----------|--------------|----------|

Total PO Amount

1,615,951.82

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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

**Texas Health and Human Services Commission**  
**Form B-13H**

Agency Name: The Heidi Group

**Supporting Schedule for Healthy Texas Women Reimbursement Vouchers**

|            | Column A  | Column B     | Column C    |
|------------|---|--------------|-------------|
| <b>1</b>   | <b>Total Allowable HTW Cumulative Expenses Incurred:</b><br>"B"=Date-Month and year expenses incurred through "C"=Amount of cumulative HTW eligible client services expenses<br>(Value of in-kind contributions should only be reported on line 15) | March 2017   | 679,907.80  |
| <b>2</b>   | <b>Program Income (Cumulative):</b>   |              |             |
| <b>3</b>   | <b>HTW Fee-For-Service Reimbursements from TMHP</b>   | 151,841.41   |             |
| <b>4*</b>  | <b>Sub Total - Program Income ➡➡➡➡➡</b>   |              | 151,841.41  |
| <b>5*</b>  | <b>Gross Cumulative HTW Reimbursable Expenses</b>   |              | 528,066.39  |
| <b>6</b>   | <b>Total Award Amount of the HTW Categorical Contract</b>   | 1,649,531.00 |             |
| <b>7*</b>  | <b>Non HHSC Funding Expended – If Column C Line 5 is greater than Column B Line 6, then C5 - B6 = C7. Otherwise, Column C Line 7 will be zero.</b>  |              | 0.00        |
| <b>8*</b>  | <b>Net Cumulative HTW Reimbursable Expenses</b>   |              | 528,066.39  |
| <b>9</b>   | <b>Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)</b>  |              | 488,905.60  |
| <b>10*</b> | <b>Gross Reimbursement Requested this Voucher</b>   |              | 39,160.79   |
| <b>11</b>  | <b>Less: Refunds or Other Adjustments (if any)</b>  |              | 0.00        |
| <b>12*</b> | <b>Net Reimbursement Requested this Voucher</b><br>(Negative amount at end of contract term indicates a refund to HHSC)   |              | \$39,160.79 |
| <b>13*</b> | <b>Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).</b>   |              | 0.00        |

\* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

|   |              |
|---|--------------|
| Signature of Authorized Certifying Official (signature not necessary for HTW program) | 4/28/2017    |
| Carol Everett   | 512-255-2088 |

*This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report*

## **Negron,Elizabeth (HHSC)**

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**From:** Relph,Kim H (HHSC)  
**Sent:** Tuesday, May 09, 2017 3:36 PM  
**To:** HHSC AP  
**Subject:** Voucher Approval - HTW - Heidi Group 032017  
**Attachments:** March 2017 B-13H HHSC (4).xlsx; March 2017 HHSC Purchase Voucher FY17 - HTW 4116 (1).xlsx

This voucher is coded and approved for encumbered payment. Thank you.

*Kim Relph, Contract Specialist*  
Health & Human Services, Austin TX  
Medical & Social Services Division  
Health, Developmental & Independence Services  
Family & Social Svcs/Women's Hlth & Education Svcs  
Mail Code 1326 - Morton Building, M-383  
phone: 512-776-6443

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**From:** HTW Billing [mailto:[htwbilling@heidigroup.org](mailto:htwbilling@heidigroup.org)]  
**Sent:** Tuesday, May 02, 2017 3:10 PM  
**To:** Relph,Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Cc:** Carol Everett <[ce@heidigroup.org](mailto:ce@heidigroup.org)>  
**Subject:** Re: Voucher Request B-13H from The Heidi Group Corrected Copy and Voucher Request Attachment

Thank You!

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**From:** Relph,Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Sent:** Tuesday, May 2, 2017 2:22 PM  
**To:** HTW Billing  
**Cc:** Carol Everett  
**Subject:** RE: Voucher Request B-13H from The Heidi Group

There is no attachment!

*Kim Relph, Contract Specialist*  
Health & Human Services, Austin TX  
Medical & Social Services Division  
Health, Developmental & Independence Services  
Family & Social Svcs/Women's Hlth & Education Svcs  
Mail Code 1326 - Morton Building, M-383  
phone: 512-776-6443

**From:** HTW Billing [mailto:[htwbilling@heidigroup.org](mailto:htwbilling@heidigroup.org)]  
**Sent:** Friday, April 28, 2017 5:13 PM  
**To:** Relph, Kim H (HHSC) <[Kim.Relph@hhsc.state.tx.us](mailto:Kim.Relph@hhsc.state.tx.us)>  
**Cc:** Carol Everett <[ce@heidigroup.org](mailto:ce@heidigroup.org)>  
**Subject:** Voucher Request B-13H from The Heidi Group

Unencrypted Copy, thank you for your prompt review.

Wanda Hardy, THG  
Billing Specialist  
512-255-2088